

To: Customer Accounts
Fax #: 888-474-7782
Email: customer.accounts@midwestvet.net

Attached are the following documents for opening a new account

	YES	NO	IF NO, EXPLAIN
• Signed New Account Application	<input type="checkbox"/>	<input type="checkbox"/>	_____
• DEA Information	<input type="checkbox"/>	<input type="checkbox"/>	_____
• State License Information	<input type="checkbox"/>	<input type="checkbox"/>	_____
CHECK HERE: If you have tax exemption forms	<input type="checkbox"/>	<input type="checkbox"/>	_____
• State Resale/Exemption Certificate	<input type="checkbox"/>	<input type="checkbox"/>	_____
• MVS Sale Tax Exempt Request Form	<input type="checkbox"/>	<input type="checkbox"/>	_____
CHECK HERE: If you are exempt from <u>ALL</u> tax	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Please provide your letter of exemption	<input type="checkbox"/>	<input type="checkbox"/>	_____

FROM
Practice: _____
Doctor: _____ Date: _____

**Please allow 1-2 business days after all information is received for the account to be opened.*

MVS USE ONLY

OSR/ISR: _____

Special Terms: _____

Comments: _____

FOR MVS USE ONLY
PROSPECT #: _____
DATE: _____
OSR: _____
ISR: _____

Legal Entity Name Wellhaven Pet Health dba Primary Veterinarian Name _____

(If a sole proprietor, then please put "Veterinary Name dba Business Name")

Officer Title (e.g. President/Owner) WellHaven Pet Health

State & License # _____ (Must attach copy) Accounts Payable Contact Gretchen Riley

Federal DEA # _____ Exp _____ DEA Schedules _____

*Must attach copy to purchase controlled substances (must be same name as Primary Veterinarian Name)

Primary Phone # 360-450-4856 Fax # _____

Standard Billing Address:

Street Address 700 Washington St, Suite 401 County Clark

City, State, Zip Vancouver, WA 98660

Shipping Address (if different):

Street Address _____ County _____

City, State, Zip _____

Would you like to set up an account to access online ordering? Yes No

Would you like to receive information via email? Yes No

Would you like to receive ALL invoices via E-invoice? Yes No

If yes, please include contact e-mail address accountspayable@wellhaven.com

Please check type of organization:	Please check type of practice:	Are Purchase Orders Required?	Please check one:	Please attach the required documents	Please select the type of information you would like to receive by email
Corporation <input type="checkbox"/>	Small Animal <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	New Practice <input type="checkbox"/>	State Vet License <input type="checkbox"/>	New Products <input type="checkbox"/>
Partnership <input type="checkbox"/>	Large Animal <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Clinic Purchase <input type="checkbox"/>	DEA Certificate <input type="checkbox"/>	Recalls/Alerts/News <input type="checkbox"/>
Sole Proprietor <input type="checkbox"/>	Equine <input type="checkbox"/>		Satellite <input type="checkbox"/>	State Resale/Exemption Form <input type="checkbox"/>	CE/Events <input type="checkbox"/>
Personal <input type="checkbox"/>	Mixed <input type="checkbox"/>		Government/Non Profit <input type="checkbox"/>	MVS Sales Tax Exempt Request Form <input type="checkbox"/>	MVS Publications/Promotions <input type="checkbox"/>
LLC <input checked="" type="checkbox"/>					Account Information <input checked="" type="checkbox"/>

Agreement

By signing and submitting this application, I agree on behalf of both the undersigned and the applicant (1) that the statements in this application are true and complete; (2) to inform Midwest Veterinary Supply, Inc. ("MVS") in writing of any changes in the name, address, telephone number or financial condition of the undersigned or applicant as soon as the changes occur; (3) to comply with MVS's standard Terms of Sale set forth on the reverse of, or linked to, this application; (4) TO PAY INVOICES WHEN DUE; (5) to pay interest not to exceed 1.5% per month (compounded monthly) (an annual percentage rate of 18%) on past due accounts, or the maximum allowed by the applicable state law (whichever is less) on your balance over 30 days. (6) to pay reasonable attorney fees and court costs if the account is referred to an attorney for collection; (7) that MVS is authorized from time to time to investigate and update information that I provide and to obtain credit and other information about me from other creditors and credit reporting agencies, and to provide information about me to other creditors; (8) that MVS may decline this application to open an account or for credit, (9) that once MVS has opened an account or granted credit, MVS may close the account or terminate the credit at MVS's sole discretion; (10) that after notifying me MVS may change its Terms of Sale and its credit and collection policies, and that the changes will apply to all transactions and any account balances regardless whether any purchases or account entries occurred before or after the effective date of the change, and (11) that MVS may file at any time financing statements to perfect MVS's security interest.

Authorized Signer _____ Print Name _____ Date _____

Personal Guaranty by Financially Responsible Party

I, as principal of the above entity, by signing below, agree: (1) to personally, absolutely and unconditionally guarantee and promise to pay MVS all obligations owed to MVS by applicant, now existing or hereafter incurred, including but not limited to all purchases, interest, attorney fees and costs; (2) that MVS may seek payment from the guarantor without first seeking payment or recovery from any other source; (3) that MVS is authorized from time to time to obtain credit and other information about the guarantor from other creditors and credit reporting agencies, and to provide information about the guarantor to other creditors; (4) that guarantor consents to the Terms of Sale on the reverse of, or linked to, this guaranty; (5) that all disputes between MVS and guarantor, including but not limited to actions to enforce this guaranty, shall be commenced in state or federal court in Lakeville, MN; (6) that guarantor expressly submits to the jurisdiction and venue of the state and federal courts in Lakeville, MN; and (7) that MVS may change MVS's Terms of Sale or credit and collection policies without notice to consent of guarantor and without lessening guarantor's liability under this guaranty.

Robert Lester, DVM Robert Lester, DVM Mar 9, 2021
Signature of Guarantor (required) Print Name Date



21467 Holyoke Avenue Lakeville, MN 55044
 Phone: (800) 328-2975 Fax:

Q1 & Q2 2020 Online Application

New Account Application

FOR MVS USE ONLY	
PROSPECT #:	_____
DATE:	_____
OSR:	_____
ISR:	_____

These Terms of Sale constitute a contract between you and Midwest Veterinary Supply, Inc ("MVS"). Please carefully review these Terms of Sale because the Terms of Sale set forth the rights, obligations, limitations and exclusions that apply to you:

1. Agreement: By purchasing or guarantying the purchase of the products from MVS, you agree with MVS Terms of Sale. MVS's Terms of Sale may not be altered, supplemented or amended by use or reference to any other documents or agreements, unless agreed by MVS in writing.

2. Open Account Sale: All purchases on open accounts are due and payable based on the terms stated on the invoice unless you and MVS agree in writing to a different payment plan. A finance charge will be charged at a periodic rate of 1.5% per month (an ANNUAL PERCENTAGE RATE OF 18%), or the maximum amount allowed by the applicable state law (whichever is less), on unpaid balances over 30 days. Interest is compounded monthly. If you transfer your practice, become insolvent, are named in any legal, arbitration or other proceeding to collect money, or file bankruptcy, then all amounts owed to MVS become immediately due and payable. MVS currently accepts Master Card / Visa / American Express / Discover payments.

3. Payments: All payments shall be in US Dollars and shall apply first to oldest unpaid invoices, accrued interest, or attorney fees and costs, unless otherwise indicated by your remittance advice. You may be subject to a \$25 service fee on each returned check.

4. Security Interest: To secure all obligations owed by you to MVS, you grant MVS a first priority security interest in any products purchased from MVS, including without limitation all Goods, Equipment, Inventory and Farm Products, and all proceeds, renewals, substitutions, replacements, additions and assessments thereto, until all obligations to MVS are paid in full. The security interest expressly includes without limitation all livestock and other animals to which the products are applied or administered, or that consume the products, and all proceeds, accounts receivable, and contract rights arising there-from or related to such livestock and other animals. The products and types of products are described on the face of the in-voices(s).

5. Returns & Credits: Unless you notify MVS of any errors within 24 hours of your receipt of the products, the shipment is deemed to be correct. MVS may grant credit for returned products only if (a) you contact MVS prior to the return and obtain MVS's Return Authorization ("RA"), and (b) return the product within one year of purchase, and (c) return only unopened cartons. The amount of the credit will be: (a) 100% of the net purchase price for saleable products, or (b) a variable amount, if any, as determined by the manufacturer's return policy of outdated and short-dated products. All returned products (whether or not authorized) become MVS's property. MVS will destroy all products that are not authorized to be returned, not returnable, or not creditable and may charge you a hazardous disposal fee for those products requiring special hazardous handling. Products that MVS authorizes to be returned will be picked up by UPS or a MVS representative, except that controlled substances must be returned by UPS and be accompanied by a completed DEA 222 form. Hazardous material cannot be returned via UPS. You guarantee that the products listed on the RA were properly stored, handled and shipped so as to not effect quality, and that the credit will not exceed the product's actual purchase price.

6. Disclaimer & Limitation of Warranties & Remedies:

A. Limited Warranty. All products are sold "as is and with all defects." There are no warranties that extend beyond the description on the face of this limited warranty. MVS makes no warranties either express or implied regarding title, quality or conformity of the products, including without limitation no implied warranty of merchantability, no implied warranty of fitness for a particular purpose, and no implied warranty arising from any course of dealing, usage of trade or advertising, except the following express warranties: (1) the title conveyed is good, and its transfer rightful; (2) the products shall be delivered free of any security interest, lien or encumbrance, except for MVS's security interest; and (3) the products delivered will conform to the description, grade and condition of the products invoiced.

B. Remedies. Your exclusive remedy for breach of warranty is to return the products for refund of the purchase price, or repair and replacement of the non-conforming products. MVS has the exclusive right to select the remedy. MVS expressly excludes liability for incidental, consequential, exemplary, punitive and other damages.

C. Payment Required. MVS warranties are effective only if MVS has received payment in full for the products.

D. Manufacturer's Warranty. The manufacturer of the products may provide their own warranty. MVS does not represent or warrant the existence or scope of the manufacturer's warranty.

7. Disputes & Authorization for Minnesota Venue & Jurisdiction: MVS's principal place of business and executive offices are located in Minnesota. All disputes between you and MVS, and any guarantor and MVS, including but not limited to actions to obtain payment, are governed by Minnesota law and the venue shall be located in Lakeville, MN. You, MVS, and the guarantor, if any, are the only parties to this agreement, and there are no intended or incidental third party bene-ficiaries. In any dispute the prevailing party shall recover from the other party reasonable attorney fees and costs, collection agency fees, and any other costs incurred.

8. Changes in Terms: At MVS's sole discretion, MVS can change MVS's Terms of Sale at any time by notifying you at your statement address at least 30 days in advance of the effective date of the change. All changes to the Terms of Sale will apply to all purchases, returns or other transactions that occur on or after the effective date of the change, and will apply to any money that you owe to MVS on or after the effective date of the change, regardless whether your purchases or account entries that caused the money to be owed to MVS occurred before or after the effective date of the change. You agree with the Terms of Sale by make purchases, returns or other transactions with MVS, or by continuing to owe money to MVS, on or after the effective date of the change. If you disagree with the changes in the Terms of Sale, you shall stop any further transactions with MVS, and shall repay to MVS any money you owe MVS, before the effective date of the change.

FOR MVS USE ONLY	
Bill to acct #	_____
Ship to acct #	_____
Initial Terms	_____
Until	___/___/___ NET 10th
Credit Dept use only	
Credit Check	Y/N
Credit Line \$	_____
Print Statements	Y/N
Late Charge	Y/N
Approved by _____	
Customer Data use only	
Misc Flag	Y/N
EDI Flag	Y/N
Addl. Adv Amt \$	_____
PC	_____
Territory	_____
Handling Charge	Y/N
Allow backorders	Y/N
Default Location	_____
FOB Point	_____
Tax Codes	_____
Search Code	_____
Salesman 1	_____
Salesman 2	_____
Terms	_____
B.O. Priority	1 2 3 4 5
Direct Shipments	Y/N
Shipping Terms	_____
Ship via Code	_____
B.O. Call Flag	Y/N
Dun Stmt	Y/N
Letter	Y/N
Market Segment	_____
<input type="checkbox"/>	Vet License attached
<input type="checkbox"/>	DEA Certificate
<input type="checkbox"/>	Sales Tax Permit
<input type="checkbox"/>	Sales Tax Exemption Certificate
Approved by _____	



midwest
veterinary supply

21467 Holyoke Avenue Lakeville, MN 55044

DVM & DEA Authorization

To whom it may concern,

I, Dr. _____, authorize the clinic listed below to utilize my licenses listed below to purchase prescription or controlled products. This authorization will be in effect from the date listed below until I provide a written notification to Midwest Veterinary Supply to terminate the use of my information.

State DVM License _____
(License number) (Exp. Date)

DEA License Number _____
(License number) (Exp. Date)

Account Number: _____

Clinic Name: _____

Clinic/DEA Address: _____

City, State, Zip: **Vancouver, WA 98660**

Phone Number: _____

Robert Lester, DVM

DVM Name (Please Print)

Robert Lester, DVM

Robert Lester, DVM (Mar 9, 2021 11:56 PST)

DVM Signature

3/9/21

Effective Date

*****Please Submit Copies of Licenses with Form*****

Please fax to 612-255-3287



SALES TAX EXEMPT REQUEST FORM

Customer Name: _____

Customer Account Number: _____

To better serve our customers, we would like you to identify how you would like sales tax applied to your clinic's purchases. We have two options from which you can choose. Please choose only one option and fill in the requested information.

- OPTION 1. _____ All Items Purchased for Resale (no tax will be charged on all items purchased)
 OPTION 2. _____ I choose to be taxed/not taxed in each specific category as I have indicated below.

Charge Tax to Clinic/Vet	Do Not Charge Tax to Clinic/Vet	CODE	DESCRIPTION OF ITEMS
		1	Pet Foods - Prescriptions
		2	Pet Foods - Non Prescription
		3	Food Animal - Prescription Drugs labeled exclusively for food producing animals
		4	Food Animal - Non Prescription products labeled exclusively for food animals other than drugs including pesticides
		5	Equine - Prescription
		6	Equine - Non Prescription and De-wormers
		7	Flea and Tick products – Nonprescription
		8	O.T.C./Retail-non-prescription products including collars, leashes, toys, non-medicated shampoos, combs, foggers, carrying cases, bowls, etc.
		9	Veterinary Prescription or Legend Drugs (pill, tablet, and capsule forms)
		10	Veterinary Prescription or Legend Injectables or Inhalants
		11	Human Prescription Drugs
		12	Surgical Supplies - all suture materials, spools, surgical wires, pins and splints, drapes, etc.
		13	Needles and Syringes
		14	White Goods - Bandages, gauze, casting materials, adhesive strips and tapes, etc.
		15	Veterinary label insulin injectables, insulin needles and syringes
		16	Gowns, Caps, Uniforms, and Scrubs
		17	Critical Care - IV sets, breathing and feeding tubes, catheters and accessories, tourniquets, etc.
		18	Biologicals/Vaccines - Small Animal
		19	Diagnostics - reagent strips, slides, and test kits, etc.
		20	Poultry and Specialty Bird Prescriptions
		21	Equipment and Instruments (not disposable)
		22	Consumables - (supplies used within the clinic) - bottles, vials, cleaners, disinfectants, soaps, X-ray film, fixative and developer, blood collection tubes, rabies tags, wound dressings, cotton tip applicators, disposable surgical instruments, gloves, etc.
		23	Small animal prescriptions other than drugs - medicated shampoo, ointment, creams, topical sprays, oral suspension, and powder, etc.
		24	Nutraceuticals and vitamins
		25	NO LONGER USED
		26	Non Prescription items labeled as for sale by Vet only

THIS FORM **MUST** BE RETURNED WITH A COMPLETED STATE EXEMPTION/RESALE CERTIFICATE IN ORDER TO BE VALID

I certify that if any property purchased tax free is consumed by my business or used in a manner so as to make it subject to a Sales or Use tax, I am then required to remit directly to the proper taxing authorities the appropriate tax due. I further understand that if I do not comply and remit the appropriate tax due, I, as the purchaser, will be held liable for any tax interest and penalties imposed by this state.

Signature: _____

Date: _____








Midwest Vet Supply- Application Packet

Final Audit Report

2021-03-09

Created:	2021-03-09
By:	Gretchen Riley (gretchen.riley@wellhaven.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAG8luftAkUfuEsOwJPnDVRi7ujMgZkm28

"Midwest Vet Supply- Application Packet" History

-  Document created by Gretchen Riley (gretchen.riley@wellhaven.com)
2021-03-09 - 4:53:34 PM GMT- IP address: 63.239.9.251
-  Document emailed to Robert Lester, DVM (bob.lesterdvm@wellhaven.com) for signature
2021-03-09 - 4:55:23 PM GMT
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-  Document e-signed by Robert Lester, DVM (bob.lesterdvm@wellhaven.com)
Signature Date: 2021-03-09 - 7:56:36 PM GMT - Time Source: server- IP address: 76.115.109.12
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